

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175455</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - ESKRIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 N. MAIN ST. ESKRIDGE, KS 66423</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS  The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS67234.	S 000			
S1364 SS=D	26-40-305 (f)(3) P E - Electrical requirements  (3) Each electrical circuit to fixed or portable equipment in hydrotherapy units shall have a ground-fault circuit interrupter.  This Requirement is not met as evidenced by: The facility identified a census of 55 residents. The facility had one therapy room and one hydrocollator in the therapy room. Based on observation and interview, the facility failed to provide a ground-fault circuit interrupter for one hydrocollator unit on one of four days on site of the survey.  Findings included:  - During the initial tour on 8/13/13 at approximately 10:32 A.M., observation revealed the hydrocollator unit was plugged into an electrical outlet without a ground-fault interrupter.  An interview with administrative staff A at this time revealed the facility did not provide a ground-fault circuit interrupter for the hydrocollator unit.  The facility failed to have a ground-fault circuit interrupter to the electrical outlet for the hydrocollator unit as required.	S1364			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE